

IN THE U.S. PATENT AND TRADEMARK OFFICE	
DECLARATION AND POWER OF ATTORNEY	ATT. DOCKET NO. 11957/59

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **COMPOSITION AND METHOD FOR FACILITATING BONE HEALING**, the specification of which was filed on herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:</p> <p>Jeffrey M. Butler (Reg. No. 41,652) Richard L. DeLucia (Reg. No. 28,839) Siu K. Lo (Reg. No. 46,877)</p>
<p>SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:</p> <p style="text-align: center;">KENYON & KENYON One Broadway New York, NY 10004 (212) 425-7200 (phone) (212) 425-5288 (facsimile)</p>

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME NETKE	FIRST GIVEN NAME Shrirang	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY San Bruno	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS Evergreen Ridge Apt., J10	CITY San Bruno	STATE & ZIP CODE/COUNTRY California 94066
Signature			Date

FULL NAME OF INVENTOR	FAMILY NAME ROOMI	FIRST GIVEN NAME Waheed	SECOND GIVEN NAME M.
RESIDENCE & CITIZENSHIP	CITY Sunnyvale	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS 983 La Mesa Terrace #E	CITY Sunnyvale	STATE & ZIP CODE/COUNTRY California 94086
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME IVANOV	FIRST GIVEN NAME Vadim	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Castro Valley	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS 6535 Ridgewood Drive	CITY Castro Valley	STATE & ZIP CODE/COUNTRY California 94552
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME NIEDZWIECKI	FIRST GIVEN NAME Aleksandra	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY San Jose	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1394 Heckman Way	CITY San Jose	STATE & ZIP CODE/COUNTRY California 94552
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME RATH	FIRST GIVEN NAME Matthias	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY NL-7609 RG Almelo	STATE OR FOREIGN COUNTRY Netherlands	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS Twenteport Oost 3	CITY NL-7609 RG Almelo	STATE & ZIP CODE/COUNTRY Netherlands
Signature		Date	